

L24000240453

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(Address)

(City/State/Zip/Phone #)

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2024 OCT - 7 PM 5:09

g 10/24/2024

COVER LETTER

TO: **Registration Section**
Division of Corporations
RIG VIZZION AMERICAS LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Kaltenbach

Name of Person

DK3 Compliance Business Consulting LLC

Firm/Company

7035 Brescia Way

Address

Orlando, FL 32819

City/State and Zip Code

daniel@danielkaltenbach.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Kaltenbach 754 248.9671

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

202401-7 PM 5:09

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Case	Initial	Final	Change
1			<input type="checkbox"/> Add
2			<input type="checkbox"/> Remove
3			<input type="checkbox"/> Change
4			<input type="checkbox"/> Add
5			<input type="checkbox"/> Remove
6			<input type="checkbox"/> Change
7			<input type="checkbox"/> Add
8			<input type="checkbox"/> Remove
9			<input type="checkbox"/> Change
10			<input type="checkbox"/> Add
11			<input type="checkbox"/> Remove
12			<input type="checkbox"/> Change
13			<input type="checkbox"/> Add
14			<input type="checkbox"/> Remove
15			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please also add EIN: 61-2196219

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 19, 2024

Signature of a member or authorized representative of a member

Addressa de Fatima Zanete (authorized representative of the member Rig Vizion Televisores Ltda)

Addressa de Fatima Zanete

Typed or printed name of signer

Filing Fee: \$25.00